

TRANSMITTAL FORM

Application Serial Number	09/289,507
Filing Date	April 9, 1999
First Named Inventor	Drzaic et al.
Group Art Unit	2673
Examiner Name	Nguyen, J.
Attorney Docket No.	INK-039

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Information Disclosure Statement Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)
<input type="checkbox"/> Formal Drawing(s)
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>)
<input checked="" type="checkbox"/> Response to Restriction Requirement |
|---|---|---|

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DEC 18 2000

Technology Center 2600


CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
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Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: December 16, 2000
Reg. No. 40,060
Tel. No.: (617) 248-7604
Fax No.: (617) 248-7100

Respectfully submitted,


John D. Lanza
Attorney for Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110



PATENT
Attorney Docket No. INK-039 (2108/36)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Drzaic et al.
SERIAL NO.: 09/289,507 GROUP NO.: 2673
FILING DATE: April 9, 1999 EXAMINER: Nguyen, J.
TITLE: FULL COLOR REFLECTIVE DISPLAY WITH MULTICHROMATIC
SUB-PIXELS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231 on this 6th day of December, 2000.

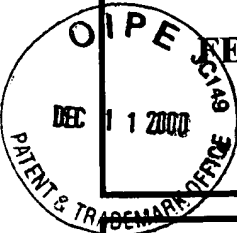

Mary D. Finn

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

- (1) Transmittal Form (1 page);
- (2) Fee Transmittal Form (1 page);
- (3) Response to Restriction Requirement (2 pages);
- (4) Petition for One Month Extension of Time;
- (5) check in the amount of \$55.00; and
- (6) Return receipt postcard.



FEE TRANSMITTAL
FY 2001

Complete Known	
Application Serial Number	09/289,507
Filing Date	April 9, 1999
First Named Inventor	Drzaic et al.
Group Art Unit	2673
Examiner Name	Nguyen, J.
Attorney Docket No.	INK-039

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 80.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$270.00 =				
TOTAL:				
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)				(\$)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	- =		x \$ 18.00 =	
Indep.	- =		x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$270.00 =				
TOTAL:				(\$)
SMALL ENTITY DISCOUNT:				(\$)
SUBTOTAL (2)				(\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	55.00
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
180	180	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (Specify)			
Other fee (Specify)			
SUBTOTAL (3)			(\$) 55.00

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SUBTOTAL (1)	0.00
SUBTOTAL (2)	0.00
SUBTOTAL (3)	110.00
TOTAL	(\$) 55.00

CORRESPONDENCE ADDRESS

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